



Arnside Parish Council

## Interment Booking Form

Please complete this form using BLOCK CAPITALS and place a tick in the appropriate box.

To arrange a suitable date and time please telephone the Cemetery Officer on 01524 762471.

We will need some basic information (as set out in Section 1 below) to make a provisional diary booking for you. Please have this available at the time of your call.

### SECTION 1 - INITIAL BOOKING DETAILS

Details of Interment:	Date: __ / __ / ____	
	Start time: _____ AM / PM	
	<input type="checkbox"/> Ashes	<input type="checkbox"/> Burial
Full name of Deceased:		
Undertaker:		
Applicant:	Title:	
	Full Name:	
	Address:	
	Post Code:	
	Telephone:	
	Email:	
	Relationship to Deceased:	

The above details are mandatory in securing a diary slot for an interment booking. The remainder of this form must be completed and returned to Arnside Paris Council to secure this booking.

Completed forms can be returned to us via email  
[cemeteryofficer@arnsideparishcouncil.co.uk](mailto:cemeteryofficer@arnsideparishcouncil.co.uk)

**Please ensure that this form reaches Arnside Parish Council no later than 4 working days prior to the interment date, exclusive of Saturday, Sunday and all Public Holidays.**

# Interment – Confirmation of Details



## SECTION 2 - DETAILS OF DECEASED

Arnside Parish Council

Surname:		Title:	
Forename(s):			
Residence at Time of Death:			
Post Code:			
Place of Death:			
Date of Death:			
Date of Birth:		Age at Time of Death:	
Marital Status:		Gender:	
Was the Deceased a Still-born Child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Denomination:	

## SECTION 3 - SERVICE DETAILS

Graveside / Chapel:	
Service Time:	Date: __ / __ / ____
	Time: _____ AM / PM
Minister:	

## SECTION 4 - DETAILS AND POSITION OF BURIAL VESSEL

Type of Vessel:	<input type="checkbox"/> Coffin <input type="checkbox"/> Casket <input type="checkbox"/> Urn <input type="checkbox"/> Other If Other please give details: .....
Size of Vessel:	Width:                      _____ Feet                      _____ Inches
	Length:                      _____ Feet                      _____ Inches
Depth of interment (Burial plot only):	<input type="checkbox"/> 6' 0" / 1.83m (Double depth) <input type="checkbox"/> 4' 6" / 1.37m (Single depth)
Position of interment (Cremated remains plot only):  Note: If cremated remains are to be interred in a burial plot please contact APC Cemetery Officer.	<input type="checkbox"/> Left hand side (as you look at plot) <input type="checkbox"/> Right hand side (as you look at plot) <input type="checkbox"/> Centre of plot



Please complete **either** section 5A **or** 5B

**SECTION 5A - GRAVE DETAILS – Purchase of Exclusive Right of Burial**

Do you wish to purchase the Exclusive Right of Burial to a new plot.	<input type="checkbox"/> Yes
<p><b>Designation of Areas – ‘Lawn’ and ‘Cremated Remains’</b>          Plots are designated either ‘Lawn’ or ‘Traditional’. Lawn areas only permit a headstone or vase at the head of the grave space. Cremated remains areas allow a small headstone, vase or tablet at the head of the grave space.</p>	
Purchaser’s Details:	Surname:
	Forename(s):
	Address:
	Postcode:
	Telephone No:
	I / we, the future owner(s) of the Exclusive Right of Burial to a plot within Arnside Parish Council cemetery agree to abide by the conditions outlined in the current Cemetery Regulations as provided to me by the undertaker and as shown on the Councils website at <a href="http://www.arnsideparishcouncil.co.uk">www.arnsideparishcouncil.co.uk</a> .
	Purchaser’s Signature:
	Date:



## SECTION 5B - GRAVE DETAILS – Current Owner – Opening of Grave

Plot Details:	Section:	
	Plot No:	
<p>Owner's Consent: <i>(where purchaser is not the deceased named overleaf)</i></p> <p><b>Consent must be obtained from <u>all</u> owners of the purchased grave. No interments will be allowed to proceed without the consent of all parties. Please attach additional letters of consent and submit with this form.</b></p>	I / we, the owner(s) of the Exclusive Right of Burial, give my / our consent to the interment of the deceased (named in section 2) in the above plot.	
	Owner's Signature:	
	Print Name:	
	Date:	
	Deed No:	
Is this a re-open (i.e. not the first interment in this grave)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of last interment?	Date: __ / __ / ____	
Name of person last interred:		
Is a transfer of ownership of the Exclusive Right of Burial required**?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>** If the owner is the deceased no future interments / memorials will be permitted without transferring the grave ownership to a living person. Transfer of ownership fees will be charged as per the Council's current fees and charges. These are available to view at <a href="http://www.arnsdaleparishcouncil.gov.uk">www.arnsdaleparishcouncil.gov.uk</a>.</b></p>		

## SECTION 6 - ADDITIONAL INFORMATION / SPECIAL REQUIREMENTS

Any other information:

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## SECTION 7- CONFIRMATION OF DETAILS

I, the named Undertaker, confirm that the details supplied above are correct and I attach a copy of the Certificate of Burial / Cremation relating to this interment.

Undertaker's Signature:	
Print Name:	
Date:	

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